

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , **2015**, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C PALM VALLEY ANIMAL CENTER F/K/A HUMANE SOCIETY OF THE UPPER VALLEY 2501 WEST TRENTON EDINBURG, TX 78539	D Employer identification number 74-1819910 E Telephone number 956-686-1141 G Gross receipts \$ 4,387,225.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ PVACONLINE.COM		L Year of formation: 1974 M State of legal domicile: TX
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>HUMANE TREATMENT OF ANIMALS</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		12
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		12
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a).....	5		0
	6 Total number of volunteers (estimate if necessary).....	6		500
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		2,653.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b		1,653.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g).....	660,131.		723,755.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	2,201,618.		1,991,429.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	17,531.		494,825.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	3,012,210.		3,327,922.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....			
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....			
	16a Professional fundraising fees (Part IX, column (A), line 11e).....	18,250.		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>77,534.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	2,476,603.		2,791,371.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,494,853.		2,791,371.	
19 Revenue less expenses. Subtract line 18 from line 12.....	517,357.		536,551.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26).....	4,341,946.		4,870,827.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	25,398.		20,052.
		4,316,548.		4,850,775.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <u>TIM OUSLEY</u> Type or print name and title.	Date	EXECUTIVE DIR.
------------------	--	------	----------------

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RANCE G. SWEETEN		11/1/2016		P00011172
	Firm's name	Firm's address	Firm's EIN	Phone no.	
	LONG CHILTON, LLP	4100 N. 23RD STREET	74-1154721	(956) 686-3701	
	MCALLEN, TX 78504-4105				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No